FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Chammas Emile Z. | | | | 2. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE] | | | | | | | | | | k all app Direc | er (give title | | 10% Ov Other (s | wner | | |
|--|---|--|--|--|---|--|-----------|--|--------|---|--|---------|---------------|---|--|---|--|--|---|--|
| (Last) (First) (Middle) C/O SEALED AIR CORPORATION 2415 CASCADE POINTE BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2023 | | | | | | | | | | SVP & COO | | | | | |
| (Street) CHARLOTTE NC 28208 (City) (State) (Zip) | | | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | |) or 4 and | Beneficially Owned Followin | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) (D) | or Pr | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 02/21/2 | 2023 02 | | 2/23/2023 | | A | | 9,622 | A | \$ | 48.55 | 215,373(1) | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 5,202 | | | I | By 401(k) and Profit- Sharing Plan | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/Year) if any if (Month/Day/Year) tive | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Sei (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Award made under the 2014 Omnibus Incentive Plan.

/s/ Caroline Thomas, attorneyin-fact for Mr. Chammas

02/23/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.